

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 26-APR-2016	TIME 16:12:00	2. ADDRESS OF OCCURRENCE 4720 S COTTAGE GROVE AVE CHICAGO, IL 60615	3. LOCATION CODE 221	4. BEAT/OCCUR 0223			
	5. POSITION 9161	6. LAST NAME KOCH	7. FIRST NAME DAVID A	8. STAR NO. 7536	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 15-MAR-2013	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 002 0225	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME SEALES	21. FIRST NAME RICKY	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 12-MAR-1971	26. HT. 600	27. WT. 160
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 3814 DR MARTIN LUTHER KING JR DR CHICAGO, IL	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MERCY HOSPITAL AND MEDICAL CENTER	34. BY WHOM? PHYSICIAN	35. CONDITION <input type="checkbox"/> 03 Hospitalized	36. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	37. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	38. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____	39. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	40. ASSAULT: ASSAULT IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	41. ASSAULT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	42. ASSAULT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
	43. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____	44. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	45. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	46. MEMBER'S RESPONSE FIREARM <input type="checkbox"/> OTHER _____				
WEAPON DISCHARGE INCIDENT <input checked="" type="checkbox"/> DNA	47. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	48. ADDITIONAL INFORMATION P.O. KOCH INJURED IN INCIDENT.						
	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	49. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	50. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	51. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	52. WEATHER CONDITIONS CLEAR	
CASE INFO. <input type="checkbox"/> DNA	53. TASER DART ID NO. [REDACTED]	54. WEAPON SERIAL NO. (Include Letters) [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
SIGNATURES <input type="checkbox"/> DNA	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
70. REVIEWING SUPERVISOR (Print Name) CHAMBERS, PETER 26-APR-2016 18:19:32	STAR/EMPLOYEE NO. 7536	SIGNATURE [REDACTED]	71. R.R. NO. H2Z41122					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
72. REVIEWING SUPERVISOR (Print Name) CHAMBERS, PETER 26-APR-2016 18:19:38	STAR NO. 2367	SIGNATURE [REDACTED]	DATE REVIEWED 26-APR-2016	TIME 18:39:38				

SUBJECT
INFORMATION

35. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/16-25-A-1, 720 ILCS 5.0/31-1-A-7, 720 ILCS
5.0/31-1-A, 720 ILCS 5.0/16-25-A-1

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE subject at hospital		<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)				
<p>76. LIEUTENANT OR ABOVE/OCIC RATIONALE EOR BOX 77 FINDING Based on the available information the R/L concluded the member complied with Department procedures in that the member responded to the subject's actions in accordance with the Use of Force Model.</p>								
<p>77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED. </td> </tr> <tr> <td colspan="2" style="text-align: center;">LOG NO./CRNO _____ OBTAINED _____</td> </tr> </table>					<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.	LOG NO./CRNO _____ OBTAINED _____	
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.							
LOG NO./CRNO _____ OBTAINED _____								
78. LIEUTENANT OR ABOVE/OCIC (Print Name) DOHERTY, RAYMOND M		SIGNATURE 	DATE COMPLETED 26-APR-2016	TIME 19:01:24				
79. DISTRIBUTION OF ORIGINAL TRR: A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY								
ATTACHMENTS - PHOTOCOPIES OF: <ul style="list-style-type: none"> <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> CR INITIATION REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) <input type="checkbox"/> ARREST REPORT 			80. TOTAL TRR's THIS EVENT No. 1					